



Indiana National Guard Youth Council Application Form



Please return completed application to a
State Youth Coordinator
2002 S. Holt Rd.
Indianapolis, IN 46241
317-247-3300 ext. 85481
Or by Email:

Ann Medford: ann.e.medford.ctr@us.army.mil

Suzanne Dagley suzanne.dagley@us.army.mil

Please answer the following questions

SECTION 1: APPLICANT INFORMATION

Applicant's Name: _____

Last

First

MI

Name you prefer to use: _____

Date of Birth: _____ Age: _____

Gender (circle one) Male Female

Year in School (circle one) 7th 8th 9th 10th 11th 12th

Mailing Address:

Home Address (if different):

Home Phone Number (include area code): _____

E-mail Address (where you want to receive email): _____

Youth Cell phone number: _____

Shirt size: _____ (adult sizes)

Emergency Contact: _____ Phone Number: _____

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SECTION II: PARENT or LEGAL GUARDIAN INFORMATION

(Please complete all applicable information)

Mother/Legal Guardian:

Name: _____ Place of Work: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Evening Phone Number: _____

E-mail Address: _____

Father/Legal Guardian:

Name: _____ Place of Work: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Evening Phone Number: _____

E-mail Address: _____

Relationship to Service Member: _____

Name of the Unit or Wing that family member is assigned to:



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Consent to Participate

I _____, hereby give my consent for _____ to
seek the voluntary position of representative on the Indiana National Guard Youth.

Parent/Guardian Signature

Date

Note: Transportation to and from events will be the responsibility of the delegate or guardian.

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SECTION III: MEDICAL INFORMATION

If your child has allergies, medication needs, or any other medical condition we need to be aware of, please complete the information below. Include all prescription and/or over-the-counter medication. When the youth representative attends symposiums and/or other events all listed material must be in its original container and you must include any items (inhalers, spoons, cups, etc.) needed to properly dispense the medication.

Youth Representative's Name: _____ State: _____

Medical Information/Needs that **requires** monitoring: _____

Allergies to food/medicine: _____

In order to dispense this medication we need to know:

1. Condition for which it is given: _____
2. Exact name of medication: _____
3. Dosage: _____
4. When it should be given: _____

**If your child typically self-medicates, please indicate your permission for him/her to do so while attending the Indiana National Guard Youth Program events.*

My child _____ has permission to administer his/her own medication during Indiana National Guard Youth Program events.

Parent Signature _____

Date _____

AUTHORIZATION/CONSENT TO TREAT:

I, _____, the parent/legal guardian of _____, authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by a physician to safeguard my child's health during Indiana National Guard Youth Programs. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent to be treated with the same authority as the original one.

Parent/Guardian

Signature _____ Date _____



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SECTION IV: PHOTO AND NON-CONFIDENTIAL INFORMATION RELEASE

The Indiana National Guard Youth Council may involve activity, which may include risks such as, but not limited to, falls, contact with other participants, effects of weather, traffic and other conditions. In consideration of being allowed to participate in Youth Council events, I hereby assume all risks arising out of my participation and related activities.

I understand photos taken at Youth Council events may be used to promote Youth Programs in advertisements and marketing, in either written or Internet media form, and that in no way will any individual's name, address or city be used in this media without my permission.

I have read, understand and agree to the terms of this agreement. I will support my child as he/she supports the National Guard Youth Program. I am willing to allow my child to travel to fulfill all responsibilities of this appointment. In addition, I hold the National Guard Bureau, Family Programs staff, and the National Guard Youth Program harmless from injury or death that could occur as a result of participation.

I am Parent/Legal Guardian of _____. He/She and I hereby consent to his/her participation in the Indiana National Guard Youth Program and Youth Council. I have read the foregoing release, and I hereby agree on behalf of myself and the participant to its terms and conditions.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Youth Applicant Signature

Date



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SECTION V: CODE OF CONDUCT

To ensure that the Youth Program is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following information and sign below.

If selected as a representative of the Youth Program, I will uphold the following conduct and behavior standards:

- I will be courteous and respectful towards others.
- I agree to value and respect others' ideas regardless of whether they are the same as my own.
- I will actively participate in all sessions and activities during events.
- I will conduct myself in a professional manner at all times.
- I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited. The State Youth Coordinator reserves the right to assess the meaning of appropriate.
- I will not use any alcohol, tobacco, or other drugs, and I will not engage in any behavior of a sexual nature at any time during training and activities.
- I understand that I will forfeit my position as a representative of the Youth Program for any misconduct and be required to leave.

As a representative of the Indiana National Guard Youth Program, I represent not only myself, but the National Guard youth throughout the world and I pledge to uphold this commitment. I understand that if I am not able to remain in good standing with the commitments set forth above, I will be asked to leave:

Youth Signature

Date

I have witnessed the pledge made by my son/daughter and will support him/her in carrying out the duties involved with being a representative of the Indiana National Guard Youth Program. I understand that if my son/daughter breaks any of the commitments stated in this code of conduct, they will be sent home:

Parent Signature

Date



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GETTING TO KNOW YOU - WRITTEN QUESTIONS

Please print or type your response to the following questions.

1. Briefly describe why you want to be a part of the Council:

2. What would you like to see the Youth Council as whole accomplish in the upcoming year?

3. List extracurricular activities associated with your school or other organizations you are involved in:

4. Choose three words that best describe you and list why:

5. Have you been involved in any INNG Youth Programs in the past? If so, please list:



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All items must be completed and returned to the Youth Program Office. After review of all returned application packets, the selection committee will notify applicants by mail whether or not they were selected to participate. Please be sure that **ALL** items below are included in your packet in order to be eligible for selection. Please contact one of the State Youth Coordinators with any questions regarding the application packet or the selection process.

- ☐ **Completed Application**
- ☐ **Signed Code of Conduct**
- ☐ **Completed and Signed Parent/Guardian Consent**
- ☐ **One recommendation form from any of the following (cannot be related to you):**
 - 1. Teacher/Coach
 - 2. Friend of the Family
 - 3. Military/Community Leader

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